

HAWAII STATE ETHICS COMMISSION

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Web site: www.hawaii.gov/ethics

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LOBBYIST REGISTRATION FORM STATE OF HAWAII

(Type or Print Clearly) **PART I LOBBYIST** NAME (Last) (First) (Middle) **TELEPHONE** Lisa Н 808-244-8625 Paulson MAILING ADDRESS (Street) FAX 808-244-3094 1727 Wili Pa Loop, Suite B **EMAIL** lpaulson@mauihla.org (City) (State) (Zip Code) 96793 Wailuku Hawaii EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) **TELEPHONE** 808-244-8625 Maui Hotel & Lodging Association MAILING ADDRESS (Street) FAX 808-244-3094 1727 Wili Pa Loop, Suite B **EMAIL** lpaulson@mauihla.org (Zip Code) (City) (State) 96793 Wailuku Hawaii

PART II ORGANIZATIO	N	_
NAME OF ORGANIZATION YOU	TELEPHONE	
Maui Hotel & Lodging As	808-244-8625	
MAILING ADDRESS (Street)	FAX 808-244-3094	
1727 Wili Pa Loop, Suite	EMAIL lpaulson@mauihla.org	
(City)	(State)	(Zip Code)
Wailuku	Hawaii	96793
NAME OF PERSON RESPONSIBLE	TELEPHONE	
Lisa H. Paulson		808-244-8625
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Wailuku	Hawaii	96793

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PART III DESCRIPTIO	N OF SUBJECTS UPON WH	ICH YOU EXPECT TO LOBI	3Y			
Agriculture	Education	Muman Services	Science, Technology & Economic Development			
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	✓ Tourism & Recreation			
Consumer Protection & Commerce	Mawaiian Affairs	Labor & Employment	Transportation			
Culture, Arts, Historic Preservation	✓ Health	Planning, Land & Water Use Management	Other: (indicate below)			
Ecology, Energy Environmental Protection	✓ Housing	Public Safety & Corrections				
PART IV CERTIFICATION OF LOBBYIST						
I hereby certify that t	I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
1/1	1/9/12					
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(Signature of Lobbyist) (Date)						
BARRIE ALIRICANIA						
	TION TO LOBBY	TITLE OF AUTHORIZING OFFICE	ED OD DEDOON DEDDESENTED			
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED					
Lisa H. Paulson	Executive Director					
NAME OF ORGANIZATION (if	applicable)		TELEPHONE			
Maui Hotel & Lodging Association			808-244-8625			
wood riotor & Loughing 7	Nagociation 1		330 211 3323			
MAILING ADDRESS (Street)			FAX 808-244-3094			
1727 Wili Pa Loop, Suite B			EMAIL			
			paulson@mauihla.org			
(City)	(State)		(Zip Code)			
Wailuku	Hawaii					
I hereby authorize the	e above named person to er	ngage in lobbying activities or	behalf of the undersigned.			
(Signature of Authorizing Officer or Person Represented) (Date)						